



Rep. Dan Reitz

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1 AMENDMENT TO SENATE BILL 1483

2 AMENDMENT NO. _____. Amend Senate Bill 1483, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Illinois Speech-Language Pathology and
6 Audiology Practice Act is amended by changing Section 3 and by
7 adding Section 9.3 as follows:

8 (225 ILCS 110/3) (from Ch. 111, par. 7903)

9 (Section scheduled to be repealed on January 1, 2018)

10 Sec. 3. Definitions. The following words and phrases shall
11 have the meaning ascribed to them in this Section unless the
12 context clearly indicates otherwise:

13 (a) "Department" means the Department of Financial and
14 Professional Regulation.

15 (b) "Secretary" means the Secretary of Financial and
16 Professional Regulation.

1 (c) "Board" means the Board of Speech-Language Pathology
2 and Audiology established under Section 5 of this Act.

3 (d) "Speech-Language Pathologist" means a person who has
4 received a license pursuant to this Act and who engages in the
5 practice of speech-language pathology.

6 (e) "Audiologist" means a person who has received a license
7 pursuant to this Act and who engages in the practice of
8 audiology.

9 (f) "Public member" means a person who is not a health
10 professional. For purposes of board membership, any person with
11 a significant financial interest in a health service or
12 profession is not a public member.

13 (g) "The practice of audiology" is the application of
14 nonmedical methods and procedures for the identification,
15 measurement, testing, appraisal, prediction, habilitation,
16 rehabilitation, or instruction related to hearing and
17 disorders of hearing. These procedures are for the purpose of
18 counseling, consulting and rendering or offering to render
19 services or for participating in the planning, directing or
20 conducting of programs that are designed to modify
21 communicative disorders involving speech, language or auditory
22 function related to hearing loss. The practice of audiology may
23 include, but shall not be limited to, the following:

24 (1) any task, procedure, act, or practice that is
25 necessary for the evaluation of hearing or vestibular
26 function;

- 1 (2) training in the use of amplification devices;
- 2 (3) the fitting, dispensing, or servicing of hearing
- 3 instruments; and
- 4 (4) performing basic speech and language screening
- 5 tests and procedures consistent with audiology training.

6 (h) "The practice of speech-language pathology" is the

7 application of nonmedical methods and procedures for the

8 identification, measurement, testing, appraisal, prediction,

9 habilitation, rehabilitation, and modification related to

10 communication development, and disorders or disabilities of

11 speech, language, voice, swallowing, and other speech,

12 language and voice related disorders. These procedures are for

13 the purpose of counseling, consulting and rendering or offering

14 to render services, or for participating in the planning,

15 directing or conducting of programs that are designed to modify

16 communicative disorders and conditions in individuals or

17 groups of individuals involving speech, language, voice and

18 swallowing function.

19 "The practice of speech-language pathology" shall include,

20 but shall not be limited to, the following:

- 21 (1) hearing screening tests and aural rehabilitation
- 22 procedures consistent with speech-language pathology
- 23 training;
- 24 (2) tasks, procedures, acts or practices that are
- 25 necessary for the evaluation of, and training in the use
- 26 of, augmentative communication systems, communication

1 variation, cognitive rehabilitation, non-spoken language
2 production and comprehension; ~~and-~~

3 (3) the use of rigid or flexible laryngoscopes for the
4 sole purpose of observing and obtaining images of the
5 pharynx and larynx in accordance with Section 9.3 of this
6 Act.

7 (i) "Speech-language pathology assistant" means a person
8 who has received a license pursuant to this Act to assist a
9 speech-language pathologist in the manner provided in this Act.

10 (j) "Physician" means a physician licensed to practice
11 medicine in all its branches under the Medical Practice Act of
12 1987.

13 (Source: P.A. 94-528, eff. 8-10-05; 95-465, eff. 8-27-07.)

14 (225 ILCS 110/9.3 new)

15 (Section scheduled to be repealed on January 1, 2018)

16 Sec. 9.3. Requirements for the use of laryngoscopes.

17 (a) A speech-language pathologist may perform an
18 endoscopic procedure using a rigid laryngoscope for the sole
19 purpose of observing and obtaining images of the pharynx and
20 larynx if all of the following requirements have been met:

21 (1) The speech-language pathologist has observed 5
22 procedures performed by either (i) a physician who has been
23 granted hospital privileges to perform these procedures or
24 (ii) a speech-language pathologist who has met the
25 requirements of items (1), (2), and (5) of this subsection

1 (a) in a licensed health care facility or a clinic
2 affiliated with a hospital, university, college, or
3 ASHA-approved continuing education course that has
4 emergency medical backup and a physician available or in
5 the office of a physician who is available or in the office
6 of a speech-language pathologist provided that he or she
7 maintains cardiopulmonary resuscitation (CPR)
8 certification.

9 (2) The speech-language pathologist has successfully
10 performed 10 procedures under the direct supervision of a
11 physician who has been granted hospital privileges to
12 perform these procedures; provided, however, that the
13 physician may delegate the supervision of the procedures to
14 a speech-language pathologist who has met the requirements
15 of this subsection (a) or subsection (c) of this Section.
16 The supervising physician shall provide written
17 verification that the speech-language pathologist in
18 training has successfully completed the requirements of
19 this item (2) demonstrating the ability to perform these
20 procedures. The speech-language pathologist shall have
21 this written verification on file and readily available for
22 inspection upon request by the Board.

23 (3) If the patient has a voice disorder or vocal cord
24 dysfunction, he or she must be examined by a physician who
25 has been granted hospital privileges to perform these
26 procedures and the speech-language pathologist must have

1 received from that physician a written referral and direct
2 authorization to perform the procedure.

3 (4) If the patient has a swallowing disorder or a
4 velopharyngeal disorder, he or she must be examined by a
5 physician licensed to practice medicine in all its branches
6 and the speech-language pathologist must have received
7 from that physician a written referral and direct
8 authorization to perform the procedure.

9 (5) The speech-language pathologist has completed a
10 hands-on university or college course, or a hands-on
11 seminar or workshop in endoscopy as a technique for
12 investigating speech and swallowing, which qualifies for
13 continuing education credit with the American
14 Speech-Language-Hearing Association (ASHA).

15 (6) The speech-language pathologist must send a
16 written report or recorded copy of the observations
17 recorded during an evaluation to the referring physician,
18 and if the speech-language pathologist performs any
19 procedure and observes an abnormality or the possibility of
20 a condition that requires medical attention, the
21 speech-language pathologist shall immediately refer the
22 patient to the referring physician for examination.

23 (7) In no instance may the speech-language pathologist
24 use a laryngoscope to perform any procedure that disrupts
25 living tissue.

26 (8) The speech-language pathologist is using the rigid

1 laryngoscope in (i) a licensed healthcare facility or
2 clinic affiliated with a hospital, university, college, or
3 ASHA-approved continuing education course that has
4 emergency medical back-up and a physician available, (ii)
5 an office of a physician who is available, or (iii) in the
6 speech language pathologist's office provided that he or
7 she maintains cardiopulmonary resuscitation (CPR)
8 certification.

9 (b) A speech-language pathologist may use a flexible
10 laryngoscope for the sole purpose of observing and obtaining
11 images of the pharynx and larynx if all of the following
12 requirements have been met:

13 (1) The speech-language pathologist has observed 10
14 procedures performed by either (i) a physician who has been
15 granted hospital privileges to perform these procedures or
16 (ii) a speech-language pathologist who has met the
17 requirements of items (1), (2), and (6) of this subsection
18 (b) in a licensed health care facility or a clinic
19 affiliated with a hospital, university, college, or
20 ASHA-approved continuing education course that has
21 emergency medical back-up and a physician available or in
22 the office of a physician who is available.

23 (2) The speech-language pathologist has successfully
24 performed 25 procedures under the direct supervision of a
25 physician who has been granted hospital privileges to
26 perform these procedures; provided, however, that the

1 physician may delegate the supervision of the procedures to
2 a speech-language pathologist who has met the requirements
3 of this subsection (b) or subsection (c) of this Section.
4 The supervising physician shall provide written
5 verification that the speech-language pathologist in
6 training has successfully completed the requirements of
7 this item (2) demonstrating the ability to perform these
8 procedures. The speech-language pathologist shall have
9 this written verification on file and readily available for
10 inspection upon request by the Board.

11 (3) The observation of the patient's function must take
12 place (i) under the supervision of a physician and (ii) in
13 a licensed health care facility or a clinic affiliated with
14 a hospital, university, or college that has emergency
15 medical backup and a physician available or in the office
16 of a physician who is available.

17 (4) If the patient has a voice disorder or vocal cord
18 dysfunction, he or she must be examined by a physician
19 licensed to practice medicine in all its branches who has
20 been granted hospital privileges to perform these
21 procedures and the speech-language pathologist must have
22 received from that physician a written referral and direct
23 authorization to perform the procedure.

24 (5) If the patient has a swallowing disorder or a
25 velopharyngeal disorder, he or she must be examined by a
26 physician licensed to practice medicine in all its branches

1 and the speech-language pathologist must have received
2 from that physician a written referral and direct
3 authorization to perform the procedure.

4 (6) The speech-language pathologist has completed a
5 hands-on university or college course, or a hands-on
6 seminar or workshop in endoscopy as a technique for
7 investigating speech and swallowing, which qualifies for
8 continuing education credit with the American
9 Speech-Language-Hearing Association (ASHA).

10 (7) The speech-language pathologist must send a
11 written report or recorded copy of the observations
12 recorded during an evaluation to the referring physician,
13 and if the speech-language pathologist performs any
14 procedure and observes an abnormality or the possibility of
15 a condition that requires medical attention, the
16 speech-language pathologist shall immediately refer the
17 patient to the referring physician for examination.

18 (8) In no instance may the speech-language pathologist
19 use a laryngoscope to perform any procedure that disrupts
20 living tissue.

21 (c) A speech-language pathologist seeking to use both a
22 rigid laryngoscope and a flexible laryngoscope for the sole
23 purpose of observing and obtaining images of the pharynx and
24 larynx shall be exempt from meeting the separate requirements
25 of items (1) and (2) of subsection (a) and items (1) and (2) of
26 subsection (b), if he or she meets the requirements of items

1 (3) through (8) of subsection (a), items (3) through (8) of
2 subsection (b), and the following:

3 (1) The speech-language pathologist has observed 15
4 procedures performed by either (i) a physician who has been
5 granted hospital privileges to perform these procedures or
6 (ii) a speech-language pathologist who has met the
7 requirements of items (1), (2), and (6) of subsection (b)
8 in a licensed health care facility or a clinic affiliated
9 with a hospital, university, college, or ASHA-approved
10 continuing education course that has emergency medical
11 back-up and a physician available or in the office of a
12 physician who is available.

13 (2) The speech-language pathologist has successfully
14 performed 30 procedures, at least 20 of which must be with
15 a flexible laryngoscope and at least 5 of which must be
16 with a rigid laryngoscope, under the direct supervision of
17 a physician who has been granted hospital privileges to
18 perform these procedures; provided, however, that the
19 physician may delegate the supervision of the procedures to
20 a speech-language pathologist who has met the requirements
21 of subsection (a) or (c) of this Section in the case of a
22 rigid laryngoscope or subsection (b) or (c) of this Section
23 in the case of a flexible laryngoscope. The supervising
24 physician shall provide written verification that the
25 speech-language pathologist in training has successfully
26 completed the requirements of this item (2) demonstrating

1 the ability to perform these procedures. The
2 speech-language pathologist shall have this written
3 verification on file and readily available for inspection
4 upon request by the Board.

5 (d) The requirements of items (1) and (2) of subsection
6 (a), items (1) and (2) of subsection (b), and subsection (c)
7 shall not apply to the practice of speech-language pathologists
8 in a hospital or hospital-affiliate. In order to practice in a
9 hospital or hospital-affiliate, a speech-language pathologist
10 must possess clinical privileges for flexible or rigid
11 laryngoscope procedures recommended by the hospital or
12 hospital affiliate medical staff and approved by the hospital
13 or hospital affiliate governing body.

14 (e) Nothing in this Section shall be construed to authorize
15 a medical diagnosis.

16 (f) Nothing in this Section shall preclude the use of a
17 rigid or flexible laryngoscope for the purpose of training or
18 research done in conjunction with a speech-language pathology
19 program accredited by the Council for Academic Accreditation,
20 provided that (i) emergency medical backup is available when
21 flexible laryngoscopy is performed and (ii) such training or
22 research is performed with the participation of either a
23 physician who has been granted hospital privileges to perform
24 these procedures or a speech-language pathologist who has met
25 the requirements of items (1), (2), and (5) of subsection (a)
26 of this Section or items (1), (2), and (6) of subsection (b) of

1 this Section, or both, whichever is applicable.

2 (g) Nothing in this Section shall be construed to allow a
3 speech-language pathologist to use an anesthetic without
4 specific physician authorization included in the patient
5 referral.

6 Section 99. Effective date. This Act takes effect upon
7 becoming law.".